

Pharmacy Huddle Guide

Awareness of Red Flags Associated with the Non-legitimate use of Controlled Substances

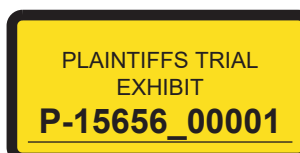
This Pharmacy Huddle is to be conducted by the Pharmacy Team Leader between 5/9/13 and 5/20/13

Pharmacy Team Leader Instructions:

1. All Pharmacy Team Members are required to participate in this huddle.
2. Front store management should also be invited to participate in this meeting.
3. Pharmacy Team Leader must cover this material with any Team Member who is not able to attend the huddle meeting.
4. Pharmacy Team Leaders should familiarize themselves with the material prior to conducting the huddle. Contact your Pharmacy Supervisor if you have any questions regarding the material.

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Introduction

Stores have reported that some other pharmacies in the community have recently enacted new policies regarding the filling of controlled substance prescriptions. As a result, you may see an increase in the number of controlled substance prescriptions being presented to your pharmacy. It is important that **CVS Guidelines for Dispensing Controlled Substances** be applied consistently to each and every controlled substance prescription that is presented for fulfillment. Click [<HERE>](#) for a copy of the Guidelines.

The purpose of this Pharmacy Team Huddle is to ensure that all team members are aware and attentive to their responsibilities and requirements towards ensuring the validity of controlled substance prescriptions that are filled. Everybody on the team plays a key role in fulfilling this obligation:

- **Pharmacists** are required under the law to evaluate each controlled substance prescription as part of their “corresponding responsibility”, and exercise their professional judgment in deciding whether or not to fill it.
- **Technicians** play an important role in supporting the Pharmacist in fulfilling their legal obligations. Technicians need to be aware of the “red flags” to look for, and if “red flags” are present, must promptly bring them to the attention of the Pharmacist.
- **Store Managers** may be approached by a disgruntled customer for whom the Pharmacist refused to fill a prescription. The Store Manager plays an important role in supporting the decision of the Pharmacist when communicating with the customer.

I. What is “Corresponding Responsibility”?

The law requires that in order to be valid, a controlled substance prescription “must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his or her professional practice.”

While the prescriber is initially responsible for ensuring that a controlled substances prescription is issued for a legitimate medical purpose, the law also places a “corresponding responsibility” on the pharmacist in this regard. A pharmacist must use **reasonably diligent efforts and judgment** to determine if a prescription is issued for a legitimate medical purpose. A pharmacist fails to satisfy their corresponding responsibility when they filled a prescription for controlled substances that they **knew or should have known** was not issued for a legitimate medical purpose. When presented with a controlled substance prescription, the pharmacist must evaluate it for the presence of “red flags” (i.e. indications that it is not issued for a legitimate medical purpose). A pharmacist **cannot willfully ignore any indications** that a prescription is illegitimate.

II. Why Corresponding Responsibility is important:

- Pharmacist duties in exercising “corresponding responsibility” are required by law. CVS expects all Pharmacists to fully comply with these obligations.

- Prescription drug abuse is the nation's fastest-growing drug problem. The abuse of prescription drugs are implicated in more overdose deaths than heroin and cocaine combined and the trend continues to grow.
- Ensuring that Pharmacists exercise corresponding responsibility is a key focus of federal, state and local law enforcement as part of their effort to curb drug abuse.
- CVS takes its role in preventing drug misuse and abuse seriously.

III. Non- Legitimate Use

There are generally three situations that pharmacy team members should be aware of whereby a controlled substance script may be presented for non-legitimate medical use. A pharmacist must refuse to fill a controlled substance prescription if he or she has reason to believe any of the following applies:

1. Instances where the prescriber willfully and knowingly prescribes a controlled substance for other than a legitimate medical use. This behavior has been extensively covered in the media in stories about "pill mills" across different parts of the country.
2. Instances where a "patient" uses deceit to obtain a controlled substance prescription from a prescriber. In this case, the prescriber believes that they are treating a legitimate medical issue.
3. Prescription is forged or altered.

In each of the cases above, the "patient" seeks to obtain the drugs for their personal abuse, and/or for illegal distribution or sales to others. The remainder of this Pharmacy Huddle will focus identifying Red Flags associated with situation #1 & #2 above.

IV. Red Flags

When evaluating a controlled substance prescription, it may be helpful to think about it in terms of identifying Red Flags in two logical groupings:

1. Red Flags associated with a Prescriber
2. Red Flags associated with a Patient

Team Activity #1 – Prescriber Red Flags

Ask team members to identify what Red Flags they would associate with a prescriber who is knowingly and willfully prescribing controlled substances for non-legitimate purposes. Record all ideas.

Next, review the Red Flags listed in the next table. Compare these to the list that the team developed. Have the team discuss.

PRESCRIBER CONTROLLED SUBSTANCE RED FLAGS

RED FLAG	KEY CONSIDERATIONS
<i>Prescription is written by a prescriber located outside of the pharmacy's local area</i>	<ul style="list-style-type: none"> Ask the patient why they are traveling outside of the local area to visit this prescriber. <ul style="list-style-type: none"> It may be that the prescriber may practice in a specialty that is not available locally, or is part of a regional or national medical center of excellence. Caution: individuals have been known to travel great distances to visit prescribers who are willing to write prescriptions for non-legitimate purposes
<i>Therapy is not consistent with the prescriber's area of practice / specialty</i>	<ul style="list-style-type: none"> Why is the drug being prescribed? What is the diagnosis? What is the prescriber's rationale for the therapy, does it make sense? What Board Certification(s) does the prescriber hold? Is the regimen consistent with this specialty?
<i>Prescriber routinely prescribes the same combination of controlled substances to most or all patients</i>	<ul style="list-style-type: none"> What is the prescriber's rationale for the regimen? What is the diagnosis & treatment plan? Is it clinically sound? Are there any contraindications? Caution: it has been common for a standard "cocktail" consisting of an opioid, muscle relaxant, and benzodiazepine (or some similar combination) to be abused.
<i>Prescriber writes for high doses or quantities of controlled substances</i>	<ul style="list-style-type: none"> Is the prescriber in a practice setting where high doses (ex. narcotics) may be needed such as oncology or hospice care? If not... <ul style="list-style-type: none"> What is the prescriber's rationale for the therapy, does it make sense? What is the diagnosis /plan? Is the regimen clinically sound? Is the regimen consistent with what other similar practitioners in the area prescribe?
<i>Majority of prescriptions written by the prescriber are for controlled substances</i>	<ul style="list-style-type: none"> What is the prescriber's area of practice? What Board Certification(s) do they hold? Are the regimens consistent with the prescriber's area of practice? Given their specialty, does it make sense that they would write very few non-controlled prescriptions? If the prescriber is part of a Pain Management practice, are they Board Certified in Pain Management?
<i>Prescriber writes same drug and dose (ex. oxycodone 30 mg, #180 tabs) for most or all patients</i>	<ul style="list-style-type: none"> Exercise particular caution if prescriptions are pre-printed or stamped with the drug name and quantity What is the prescriber's rationale for the therapy, does it make sense? What is diagnosis and plan?
<i>Awareness that the prescriber does not accept insurance</i>	<ul style="list-style-type: none"> While not impossible, it is highly unusual for a medical practitioner to not accept any insurance Some prescribers writing for non-legitimate purposes have operated on a "cash only" basis

Team Activity #2 –Patient Red Flags

Ask team members to identify what Red Flags they might expect to see if a patient is obtaining controlled substance prescriptions for a non-legitimate medical purpose. Next, review the Red Flags listed in the table below. Compare these to the list that the team developed. Have the team discuss.

PATIENT CONTROLLED SUBSTANCE RED FLAGS

RED FLAG	KEY CONSIDERATIONS
<i>Patient resides in a area outside of the general trade area of your pharmacy, or travels a significant distance to go to your pharmacy</i>	<ul style="list-style-type: none"> Why is the patient traveling to your pharmacy to fill the prescription? Is the explanation reasonable? Caution: Drug abusers will often travel significant distances to fill their prescriptions in an effort to avoid detection
<i>Patient insists on paying cash for controlled substances, will not use insurance (if available)</i>	<ul style="list-style-type: none"> Does the profile indicate that they use insurance for non-controls? What is the patient's rationale for paying cash, especially if they have insurance? Caution: Drug abusers will often pay cash to avoid being tracked by insurance/ third party payors DUR
<i>Prescription is written by a prescriber located outside of the general trade area of your pharmacy</i>	<ul style="list-style-type: none"> Why is the patient traveling to visit this prescriber? Is the prescriber in a specialty that is not readily available in the local area, or is associated with a regionally or nationally renown medical center (i.e. reasons patients would typically travel distances to see a particular practitioner) Caution: drug abusers will often travel significant distances to obtain controlled substances
<i>Patient 's conduct is suspicious:</i> <ul style="list-style-type: none"> – Uses street names (ex. "Mallinckrodt Blues", "M's", etc.) references – Only fills controlled substance Rxs – Attempts to fill too soon 	<ul style="list-style-type: none"> Caution: all of these behaviors are highly suggestive of drug abuse
<i>Patients present to your pharmacy in groups, all with prescriptions from the same prescriber for the same or similar controlled substances</i>	<ul style="list-style-type: none"> Exercise particular caution if prescriptions are pre-printed or stamped with the drug name and quantity What is the prescriber's rationale for the therapy, does it make sense? What is diagnosis and plan?
<i>Evidence of "doctor shopping" or "pharmacy shopping"</i>	<ul style="list-style-type: none"> Multiple pharmacies or doctors appear when referring to state PDMP website (in those states that have a PDMP program) Caution: drug abusers will obtain controlled substances from multiple pharmacies or prescribers during overlapping or adjacent periods of time in an effort to avoid detection and obtain as much drug as possible

V. Resolving Red Flags

Once a Red Flag(s) has been identified, it is incumbent upon the pharmacist to resolve the Red Flag to his or her satisfaction as part of corresponding responsibility. Resolving Red Flags requires obtaining additional information from either the patient or prescriber (or sometimes both depending upon the circumstances). When obtaining additional information from patients or prescribers, always remember:

1. *Remain professional and courteous*
2. *If questioned, explain that you are fulfilling your obligations under the law to exercise "corresponding responsibility" to ensure appropriate use when presented with a prescription for a controlled substance.*

If the additional information obtained **does not** resolve the Red Flag(s) in the professional judgment of the Pharmacist, then the prescription must not be filled and is to be returned to the patient. The patient must be informed in a courteous, yet straightforward manner of the decision. Excuses such as "the product is not in stock" will only cause the patient to attempt to fill at another pharmacy, or return to your pharmacy at a later time. The following approach should be followed:

"I have a responsibility under the law to ensure that prescriptions that I fill for controlled substances are appropriate. In my professional and clinical opinion, it would not be appropriate to fill this prescription. It cannot be filled here or at any other CVS pharmacy".

If the additional information does resolve the Red Flag(s) in the professional judgment of the Pharmacist, then the prescription should be filled. Document the information that resolved the Red Flag on the back of the hard copy prescription.

Conclusion

Each Pharmacy team member plays a key role when validating controlled substance prescriptions presented at the pharmacy. This huddle clearly defines the responsibilities of each pharmacy team member, including front store management, as it relates to the fulfillment of controlled substance prescriptions.

All Pharmacy team members must have a heightened sense of awareness of the ways in which a controlled substance prescription may be written for a non-legitimate medical use. All Pharmacy team members must be familiar with potential red flags as they pertain to the prescribing physician or the patient, and take action to address these red flags.

When red flags are resolved to the Pharmacist's satisfaction, all documentation must be recorded on the back of the prescription. However, if the Pharmacist is unable to resolve the red flags, the Pharmacist must not fill the prescription. CVS/Caremark will support a Pharmacist's decision to not fill a prescription, if in the Pharmacist's professional and clinical judgment, he or she believes or suspects that the prescription was not issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice.

Ensure understanding and answer questions

Ask team members to acknowledge they have an understanding of the material presented and answer any follow-up questions they may have. If any clarification of the material is required, leverage your Pharmacy Supervisor as a resource.